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Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	TO BE ASSIGNED
				Filing Date	HEREWITH
				First Named Inventor	TIM M. GATES et al.
				Art Unit	2811 (Anticipated)
				Examiner Name	Douglas W. OWENS (Anticipated)
				Attorney Docket Number	2207/1266102
Sheet	1	of	2		

U.S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

[illegible]

Examiner Signature		Date Considered	9/7/04
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This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				<i>Application Number</i>	TO BE ASSIGNED
				<i>Filing Date</i>	HEREWITH
				<i>First Named Inventor</i>	TIM M GATES
				<i>Art Unit</i>	2811 (Anticipated)
				<i>Examiner Name</i>	Douglas W. OWENS (Anticipated)
				<i>Attorney Docket Number</i>	2207/1266102
Sheet	2	of	2		

[illegible]

Examiner Signature	<i>Donald H. O</i>	Date Considered	9/7/04
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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